STANDARD CERTIFICATE OF DEATH SILEN NO.			THE DIVISION OF	HE/	alth of Missou	Ri			000	
PRIMARY REG. DIST. NO.	FILED SEP S) / 10Ef	STANDARD CER	RTIF	ICATE OF DEA	\TH	State I	File No	300	و حرا
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	e reverse side of this	certificate was er	nbalmed by me, o	r by
		<i></i>		
		Student Embe	liner No	************************
working under my personal supervision	Λ	- ()	/	

Student Embalmer Licensed Embalmer No. 456

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.